

Pediatric Hypoglycemia

1115

Pediatric hypoglycemia may occur secondary to trauma, abnormal glucose utilization, or other stressors. The pediatric patient's blood glucose level of less than 60 mg should be treated. Clinical presentation may include: altered level of consciousness, irritability, vomiting, tachycardia, tachypnea, or seizures.

Basic Life Support

1. Assess airway patency
2. Administer supplemental oxygen.
3. Rapid glucose determination using commercially available reagent strips.
4. Obtain history.
5. Transport.

Advanced Life Support

1. BLS Procedures
2. Establish vascular access with NS.
3. For infants and children administer D25W 2-4 ml/kg (dilute D50W 1:1 with NS).
4. For neonates administer D10W 5-10 ml/kg (dilute D50W 1:4 with NS).
5. Repeat rapid glucose determination 10-15 minutes after glucose administration.

Key Points/Considerations

1. Hypoglycemic patients should be kept warm.

Service Director Initials _____

Medical Director Initials _____

Date Approved By KBEMS _____

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